

**Rappahannock-Rapidan Community Services Board and
Area Agency on Aging
Local Human Rights Committee Meeting
October 23, 2007**

MINUTES

Present : Carole Sue Graves, Mary Jolly, Dawn Klemann, and Hal McDermott

Excused: Melissa DeDomenico-Payne

Resigned from Committee: Allen Ward

Guests

Present: Bruce Wymann, CEO Mountain Laurel Residential Treatment Center; Dulcida Estrada, CFO Mountain Laurel Residential Treatment Center; Kelly Murphy, Risk Management Coordinator, Blue Ridge Residential, L. L. C.; Sallie Twentey and Deborah Moore, Counseling Intervention, Inc.; Lisa McPherson, Blue Ridge Group Home, Inc.; and Chaplin David Henry, Childhelp East

Also

Present: Brian Duncan, Executive Director RRCSB-AAA; Paula Benenson, Administrative Assistant; and Margie Blankenship, Executive Assistant

1. **Call to Order:** Mary Jolly called the meeting to order at 1:35 p.m. She asked everyone to introduce themselves.
2. **Additions or Deletions to the Agenda:** None
3. **Approval of the July 24, 2007 Minutes:** The motion was made by Carole Sue Graves and seconded by Hal McDermott to approve the minutes as presented. Mary Jolly called for discussion. Hearing none, the motion to approve the July 24, 2007 minutes were voted on and passed unanimously.
4. **Presentation–Affiliate Update:** *Lisa McPherson, Director Blue Ridge Group Home, Inc.* – Lisa provided the committee with a summary of her Program.
 - Services Provided:
Residential Support Services—Blue Ridge Group Home, Inc. is licensed by the Department of Mental Health, Mental Retardation, and Substance Abuse Services. They operate two (2) separate homes. These homes are staffed 24-hours a day and are both located within Culpeper County. Currently, four (4) individuals reside in the first home and five (5) in the second.

Day Support Services—The Day Support Program is community based which opens up a variety of training opportunities and activities for Program participants. They currently have two (2) participants, one full-time and one part-time.

- Population Characteristics:

The targeted population is adults with a primary diagnosis of Mental Retardation. The Program also provides services for individuals who may have dual diagnosis. Out of the nine (9) individuals served five (5) have Legal Authorized Representatives (LARs). Lisa stated that they will continue to attempt to increase that number as opportunities arise. Additional information is as follows:

- Five (5) consumers are considered to be high functioning and are able to articulate their concerns or desires, and all five (5) possess reasonable self-advocacy skills.
- One (1) consumer has Autism and is virtually non-verbal, however, he has a very high level of family involvement. He has no history of behavioral challenges to date.
- One (1) consumer has Downs Syndrome and Alzheimer's and has lost her ability to articulate verbally but remains vocal. Her family is active in visiting her and availing themselves for all of her medical procedures.
- Two (2) consumers are able to articulate but are more challenged functionally, one (1) has Cerebral Palsy and the other being visually and physically handicapped, combined with behavioral challenges.

- Staff Training: All training is done by Lisa McPherson, RN.

- *Human Rights*—staff at the Blue Ridge Group Home, Inc. are trained in Human Rights upon hire and annually thereafter. If it is determined that there is a need for a particular staff member to receive additional Human Rights training, this is done on an “as needed” basis.
- *Medication Tech*—Staff who present without certification in medication administration receive training upon hire. They also must pass a competency examination every year upon completion of the 32 hour course, then annually thereafter.
- *CPR/First Aid*—All staff must maintain a current CPR and First Aid license. Training is completed upon hire and annually thereafter for CPR and every three (3) years for First Aid training.
- *Emergency Preparedness*—Emergency Preparedness training is required annually and all staff must pass a competency examination upon completion.
- *Universal Precautions*—Staff must complete training in universal precautions upon hire. A refresher course is done during CPR training annually.
- *TOVA*—Therapeutic Options of Virginia is required training for all employees. This training is given upon hire and all staff is recertified annually.
- *MR Orientation*—Orientation to Mental Retardation training is required upon hire for all employees and a competency exam must be successfully completed with a passing score before working with the population.

- Qualification: There are 13 employees at the Blue Ridge Group Home, Inc.:

- One (1) Executive Director/Registered Nurse

- One (1) Program Manager/Registered Nurse
- One (1) Program Manager's Assistant/BA
- Two (2) Residential Coordinators
- One (1) Residential Manager
- Seven (7) Residential Counselors

All direct care staff must have a minimum of two (2) years of prior, relevant experience working with persons with developmental disabilities and have at least a high school diploma.

Upon hire, all staff must complete the following requirements:

- CPS Central Registry Search by DSS
 - Criminal Background Investigation by DMHMRSAS
 - Drug Testing at Culpeper Regional Hospital – Lab
 - TB screening at the Health Department
 - Driving Record at the DMV
 - Two (2) professional reference letters and one (1) personal reference letter
- Notification of Human Rights: Individuals receive a written notification of Rights annually, which are verbally read and explained to them and their LAR if applicable, in ways they can understand. They then sign a form indicating they have received this explanation of their rights.
 - Human Rights Culture: Blue Ridge Group Home, Inc. has the Human Rights poster in a prominent location so it can be easily accessible. Also, staff members remind all individuals that they have rights and if they have any concerns or complaints, they can talk to any staff member about any complaints at any time.
 - Handling Complaints Using the Informal Process: The staff member brings the complaint/allegation to the residential coordinator or directly to the Executive Director. All staff is careful to, as far as possible, attempt to resolve any concerns of the Group Home's residents. All individuals may bring their complaints/allegations directly to the Executive Director as well.
 - Citations from the Licensing Department: The Blue Ridge Group Home has not encountered any citations over this last year.
 - Complaints/Abuse Allegations: Since the last LHRC meeting in October 2007 Blue Ridge Group Home, Inc. has handled one (1) complaint and two (2) Allegations of Abuse/Neglect. The attached Complaint and Allegations Report is attached at the end of these minutes for the record.

Mary Jolly thanked Lisa for attending today's meeting and presenting her Program.

Presentation–Affiliate Update: Sally Twenty, M. Ed., and Deborah Moore, LCSW, *Counseling Interventions, Inc.*—Counseling Interventions Inc., a Virginia corporation, was incorporated on July 17, 2001. Since that time they have grown from two co-owners to 34 employees providing seven (7) programs. Counseling Intervention's application to add the licensed service of Therapeutic Day Treatment is

in the process of approval by the Department of Mental Health, Mental Retardation, and Substance Abuse Services. They hope to begin services in collaboration with Orange County Public Schools before the end of 2007. Counseling Interventions, Inc. tends to operate in the best interest of the client while remaining compliant with the Code of Virginia. Its philosophy is grounded in the highest ethical standards. They work in partnership with families and communities to support an individual's journey by promoting safety and dignity of individuals and families, designing realistic interventions, and teaching behaviors in natural environments.

All Counseling Interventions, Inc. staff receive training in Human Rights rules and regulations from the Commonwealth of Virginia and the Counseling Intervention, Inc. Human Rights Plan. This training is competency based, and administered at a minimum annually. Staff must pass the Human Rights test with 80% accuracy. Their clients are notified of their Human Rights during client intake at which time they receive a signed and witnessed copy of the "Notification of Rights" and are offered assistance in understanding them. The "Notification of Rights" is reviewed annually. Upon commencement of services every client is given notification of the right to bring complaints of any violation of their Human Rights. A copy of this form is also posted in the Counseling Intervention, Inc. office for review by clients and staff at any time.

They have handled zero complaints, formal and informal concerning Human Rights and/or violations this year. Should they have a complaint individuals are encouraged to bring concerns and seek resolution with the Counseling Interventions, Inc. structure. Staff shall provide assistance in the complaint and appeal process, as appropriate. Concerns should be brought first to the most direct case coordinator, the supervisor, or any Counseling Interventions, Inc. employee. Any employee shall act to resolve the complaint and then report such to his or her supervisor. An individual or LAR (Legal Authorized Representative) may complain directly to the clinical supervisor. The clinical supervisor or her designee shall attempt to resolve the complaint immediately and if it resolves to the LAR's satisfaction, no further action will be taken. The clinical supervisor or their designee will notify the Human Rights Advocate immediately of any unresolved complaint and will refer the complaint within five (5) working days. Counseling Interventions, Inc. will make available information regarding all informal complaints to the Human Rights Advocate upon request. However, informal complaints will not be reported to DMHMRSAS. Counseling Intervention, Inc. has encountered zero citations from the Licensing Department.

Their staff includes 28 Counselors who meet the criteria needed to be Qualified Mental Health Professionals based on education qualifications and work experience. Also on staff are six (6) Behavioral Coaches who are required to have a high school diploma and demonstrated experience working with children. All staff are required to pass: TB screening, DMV record check, DSS central registry check, FBI background investigation, CPR/First Aid certification, Crisis Interventions Techniques (verbal de-escalation and physical intervention techniques), Emergency Preparedness Training,

Universal Precautions Training, and Human Rights Training. They have instituted monthly special trainings to enhance the Professional development of staff. Topics have included suicide prevention, parenting skills, communication skills techniques, therapy skills, strategies for working with children with Autism Spectrum Disorders, ethics of in-home counseling, water safety, Human Rights Training specific to home/community based services, emergency services, etc. The staff also receives individual and group supervision.

The motto at Counseling Interventions, Inc. is “safety, dignity, and direction”. They strive that their clients, employees and other collaborative partners ask themselves before taking any action the following three questions:

1. Is it safe?
2. Is it dignified?
3. Will it move me in my self-determined direction?

In leading by example and incorporating these question into their daily interactions with clients, employees, and any other collaborative partners they endeavor to create a culture of Human Rights.

A summary of Incidents Requiring Physical Intervention is attached to the end of these minutes for the record.

Services Provided by Counseling Interventions, Inc. include the following:

- *Intensive In-Home Counseling*—24-hour on-call crisis management and a minimum of 3 hours per week therapy for children with a mental health diagnosis resulting in being at risk for placement out of their home.
- *In-Home Counseling*—Individual and family services delivered in the home and the community to address identified needs.
- *Individual Counseling*—One-to-one sessions delivered in natural settings to support individualized behavior goals.
- *On-Site Group Services*—Specifically designed group sessions including, but not limited to, skills building, behavior coaching and therapeutic support.
- *School Support Services*—Therapeutic Assistance (one-on-one student Support); Functional Assessments of Behavior and Behavior Intervention Plans, including teacher consultations and classroom observations as requested; Specialized Homebound Instruction.
- *Building on Basics*—Coaching for families to build on their strengths to improve skills in creating a safe and healthy environment for all family members.
- *Coaching/Mentoring Services*—Individualized support for attainment and maintenance of behavior goals in school, community, or home settings.

Mary Jolly thanked Sally Twenty and Deborah Moore for attending today’s meeting and presenting their Program.

Presentation—*Mountain Laurel Residential Treatment Center*—Bruce Wyman is seeking affiliation with the RRCSB-AAA LHRC—Mountain Laurel Group is a provider of outpatient and residential mental health services to children and adolescents. They are in the process of establishing a residential facility in Culpeper County that is designed to provide treatment for adolescents (13-17) who are experiencing mental illness that is rooted in a traumatic experience. Mountain Laurel Residential Treatment Center will be located in the Town of Culpeper and the residents will attend its Private Special Education Day School (Mountain Laurel School) which is also located in Culpeper County.

The expected average length of treatment will take from 9-12 months. In addition to the community milieu and behavior management systems, the program will provide traditional mental health services such as individual, group, family (when indicated), psychiatric assessment, medication (when indicated), and recreational activities all provided by licensed and mental health professionals. Residents will also receive traditional trauma therapies, such as EMDR (Eye Movement Desensitization Reprocessing), when needed.

The goal of treatment is to return the resident to a productive life in their home community as soon as possible. To maintain continuity of care, Mountain Laurel Residential Treatment Center will also provide outpatient care to residents that return to the surrounding area after discharge from the residential component of the program.

The Mission of Mountain Laurel Residential Treatment Center is to facilitate recovery from traumatic experiences in a beautiful and natural residential setting by using traditional and a trauma-based approach to treatment. Their holistic approach to all treatment will address all domains of the survivor's life, including cognitive, interpersonal, emotional, educational, physical, spiritual, and behavioral.

The Goal of Mountain Laurel Residential Treatment Center is to return the adolescent to a level of functioning that will permit he or she to live and prosper as a productive member of society.

Their licensed facilities will provide long term mental health care (9-12 months). Each cottage will have a resident base of 6-8 adolescents who will receive ongoing residential care, education, traditional mental health and trauma therapies in a safe, peaceful, and natural setting in the foothills of the Blue Ridge Mountains of Virginia.

Mountain Laurel Residential Treatment Center will treat adolescents from 13-17 years of age, traumatized through abuse, neglect, natural disaster, school violence, and who exhibit symptoms of mental disturbance or have a mental health diagnosis such as post traumatic stress disorder, panic disorder, depression, bi-polar disorder, ADHD, reactive oppositional behavior.

Residents who are mentally retarded, who are chronically violent with peers and adults, who set fires, are severely autistic or have substantial limitations in self-care, understanding and use of language, learning, mobility, severe substance dependence will have needs that will not be adequately met by this facility.

Program Services:

- Each resident will be assigned a Counselor and will co-create a strength based initial plan of care which will be reviewed monthly and annually by the treatment team.
- Individual, Group, and Family Therapies will be the major part of the client's weekly schedule.
- Each resident will undergo a psychiatric evaluation and psychotropic medication will be incorporated into the plan of care when necessary.
- Mountain Laurel School will provide both regular and special education components (when needed). The educational goal is for all students to become proficient in the Standards of Learning for their respective courses and pass the required End of Course examinations while earning course credit.
- There recreational activities include canoeing and kayaking, arts and crafts, dance, equine recreation, hiking, music, organic vegetable gardening, ropes courses, sailing lessons, and sports activities.
- Mountain Laurel Residential Treatment Center believes that good nutrition is the foundation for a healthy state of mind and will provide residents with food that has the highest nutritional value.

Staff and Experience: Staff at Mountain Laurel Residential Treatment Center consist of the following individuals:

- Bruce Wyman is the Director/CEO. His credentials are EdM-LPC-NCC-BA. He has 32 years of experience in the mental health field.
- Dulcida Estrada is the CFO. Her credentials are CPA-BA, and Realtor. She has 31 years of experience in the Finance field.
- Traci Showalter, Counselor. She holds a Masters in Special Education. She worked four years as a group home supervisor and four years teaching ES.
- Erin Hoffman, Counselor. Has a BS in Psychology. She has been a Counselor for seven years.
- David Figueroa, Counselor. Has a BS in Psychology. He has two years experience.
- Sharon Allen, Counselor. Has a BS in PE. She has worked 13 years with children.
- Carolyn Nicholson, Counselor. Has an AA. She worked four years as a juvenile correctional officer.
- Janice Disse, Counselor. Has an AA. She has worked 14 years with youth.
- Teresa Myers, Counselor. Has an AA. She has worked four years with children.

Brian Duncan thanked Mr. Wyman for presenting his Program today. We did receive a letter from Mark Seymour, Children's Advocate and Human Rights Consultant, stating that he would recommend approving Mr. Wyman's request to affiliate with the RRCSB-AAA's Local Human Rights Committee.

Mary Jolly thanked Mr. Wyman for attending the meeting today to present his program to the Committee. She called for a motion to approve his request to become an affiliate of the RRCSB-AAA's Local Human Rights Committee.

Hal McDermott made the motion to accept Mr. Wyman's Program, Mountain Laurel Residential Treatment Center, as an affiliate of the RRCSB-AAA's LHRC. The motion was seconded by Dawn Klemann. Mary called for discussion.

ACTION: There being no discussion, the motion to accept Mr. Wyman's Program, Mountain Laurel Treatment Center, as an affiliate to the RRCSB-AAA's LHRC was voted on and passed unanimously.

- 5. Human Rights Announcements:** None. Chuck Collins is on vacation.
- 6. Update on Recent RRCSB-AAA Cases & Issues for the period July 24, 2007 through October 22, 2007 Brian Duncan will provide this information today. Jim Bernat is on vacation.**
- *Trainings*—New Employee Orientation to Human Rights and Privacy. There were three (3) training events to 31 participants.
 - *Complaints*—There were two (2) Informal Complaints. Both were resolved.
 - *Complaints*—There was one (1) Formal Complaint. This was resolved.
 - *Allegations of Abuse/Neglect*—There were two (2); Internal findings were that both were Unfounded; DSS Findings were one was questionable and the other DSS declined to investigate.

Please see Jim Bernat's complete report attached to these minutes for the record.

- 7. Update by Brian Duncan, Executive Director, RRCSB-AAA – Mr. Duncan provided the following updates to the Committee.**

We have opened a new Group Home for the mentally ill. This is a four-bed Group Home. We have identified four individuals from Western State Hospital. All four individuals are from the Culpeper area. Jim Bernat will be discussing this with the Committee in the coming months.

Mr. Duncan introduced Margie Blankenship, Executive Assistant, to Sallie Morgan, Director Community Support Services. Margie will be assisting the Committee as

well as doing the minutes and the normal Administrative work during Paula's transition period. Paula will be retiring the end of January 2008.

Allen Ward has sent us his resignation letter from the Committee.

Mr. Duncan distributed a Suggested 2008 Schedule for the LHRC Affiliates to Present Information to the Committee.

- 8. Election of Officers for 2008, Chair & Vice Chair:** There was a brief discussion regarding the election of officers. Carole Sue Graves and Hal McDermott will be going off the Committee June 30, 2008. Mary Jolly has been the Chair of the Committee for two years and she cannot be reappointed. That leaves Melissa DeDomenico-Payne and Dawn Klemann. Carole Sue stated with Melissa not here today, she is uncomfortable appointing her to Chair. It was decided that Paula would contact Melissa and see if she would be willing to take the Chair's position on the Committee.
- 9. The next Local Human Rights Committee will be on Tuesday, January 22, 2008 at 1:30 p.m. in Meeting Room B.**

There being no further business, Hal McDermott made the motion to adjourn. Carole Sue Graves seconded. The motion was voted on and passed unanimously. The meeting adjourned at 3:30 p.m.

Approved:

Secretary

pjb